| ٠.  |                                      | (Column 1)  |                          |                      |                    | 0 550,330              |  |
|---|--------------------------------------|---|--------------------------|----------------------|--------------------|------------------------|--|
| i   | BASIC FEE                            | NUMBER EU ES  | (Column 2)<br>MBER EXTRA | SMALL ENTITY         |                    | OTHER THAN             |  |
| •   | (37 CFR (.16(a)) TOTAL CLAIMS        |   | MOCHEXTRA                | · RATE FEE           |                    | SMALL ENTIT            |  |
|   | INDEPENDENT OF                       | minus 20 = .  | · ·                      | 5_                   | RA                 | ATE FE                 |  |
|   |                                      | mious 1   |                          | x s 25=              | OR                 | 5                      |  |
|   | MULTIPLE DEPENDENT CLAI              | 110000  |                          | x s 100=             | OR X'S             |                        |  |
|   | · Il the difference in column        | MPRESENT . (37 CFR 1.16(d))   |                          | +5.180               | OR $\times$ 5      | 00                     |  |
|   | - A Colonial I                       | is less than zero, enter "0" in column  | 12.                      |                      | OR 1+36            | 20                     |  |
| 1   | CLAIMS                               | AS AMENDĘD – PART II  | *                        | TOTAL                | OR TOTA            |                        |  |
|   | (Colun                               | 00.41   |                          |                      |                    |                        |  |
|   | 4 9 22 05 REMAI                      | NING HIGHEST  | (Column 3)               | SMALL ENTITY         | OR OT              | 1100                   |  |
| . 1   | Z AFTI AMENO                         | PREVIOUSLY  | PRESENT<br>EXTRA         | RATE                 | 7 SM               | HER THAN<br>ALL ENTITY |  |
| .   | O (31 CFR (.16(c))                   | Minus PAID FOR  |                          | TIONAL               | RATE               | A00                    |  |
| - 1.  | M (31 CFR 1.16(b)) 2                 | Minus 3   |                          | x s 25 = FEE         |                    | TIONL<br>FEI           |  |
| -   | FIRST PRESENTATION OF MI             | ULTIPLE DEPENDENT CLAIM (37 CFR   |                          | x s 100=             | OR x 50 =          |                        |  |
| -   |                                      | CC DEPENDENT CLAIM (31 CFR  | (.16(d))                 | + s [8()=            | OR x <u>\$ 200</u> |                        |  |
|   | (Column                              |   | ₹                        | OTAL<br>OO'L FEE     | OR +360            |                        |  |
|   | CLAIMS                               | (Column 2)  | (Column 3)               |                      | OR ADO'L FEE       |                        |  |
|   | REMAININ                             | NUMBER F  | PRESENT                  | 0475                 |                    |                        |  |
| ENOMENT   | Total AMENDME                        | Minus   | EXTRA                    | RATE ADDI-<br>TIONAL | RATE               | IOOA                   |  |
| MEN   | Independent OFR 1.16611              | · Minus ···   | x:                       | 25 FEE               |                    | TIONAL<br>FEE          |  |
| AM  | FIRST PRESENTATION OF WILL           | IPLE DEPENDENT CLAIM (37 CFR 1.1  |                          | 100                  | OR x \$ 50=        |                        |  |
| ŀ   |                                      | TE DEPENDENT CLAIM (37 CFR 1.1  | 6(41)                    | 180=                 | OR x s 200_        |                        |  |
| _   | (Column 1)                           |   | TOT                      | TAL<br>D'L FEE       | OR :+36Q           |                        |  |
| 0   | CLAIMS                               | (Column 2) (Co  | oluma 3)                 |                      | OR ADD'L FEE       |                        |  |
| DMENT   | REMAINING<br>AFTER<br>AMENOMENT      | NUMBER PR   | ESENT                    | ATE ASSI             |                    |                        |  |
| OM O  | Total (II CFR 1.16(cl)               | PAID FOR  | XTRA                     | TIONAL               | RATE               | ADDI-                  |  |
| AMEN  | Independent<br>(37 CFR 1.16(6))      | Minus   | x s Z                    | 25                   |                    | TIONAL<br>FEE          |  |
| ₹   | FIRST PRESENTATION OF WILL TIP       |   | x s 1                    | oa o                 |                    |                        |  |
|   |                                      | LE DEPENDENT CLAIM (31 CFR 1.16(c   |                          | 8O. OI               |                    |                        |  |
| :   | If the entry in column 1 is less th  | .  an the entry in column 2, write "0" in a  y Paid For IN THIS SPACE is less the | TOTAL                    | . Of                 |                    |                        |  |
|   |                                      |   |                          | OF                   | .000               |                        |  |
| This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public red to the amount of time you required the completed application. Completed application of time you required the completed application of time you required the completed application. |                                      |   |                          |                      |                    |                        |  |
| ncluding<br>on (he ai   | in the amount of time you require to |   |                          |                      |                    |                        |  |

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS